

SECTION 2 POLICIES AND PROCEDURES

RESIDENTIAL SERVICES

Continuing Staff Education and Training (Cont'd.)

Staff must maintain certification in first aid, CPR, universal precautions, and other topics that may be required by the regulatory agencies.

THERAPEUTIC FOSTER CARE

Definition

Therapeutic Foster Care (TFC) is an intensive treatment program for emotionally disturbed children that incorporates clinical treatment services provided within a supportive foster home setting. The goal of TFC is to enable a child to overcome emotional, behavioral or psychiatric problems in a highly supportive, individualized, and flexible residential placement, thereby helping the child to move to a less intensive foster or group care placement, or to return to the natural home or family setting.

TFC services are behavioral, psychological, and psychosocial in orientation. Therapeutic Foster Parents (TFPs) are specially recruited and trained in behavioral management and treatment interventions designed to meet the individual needs of the child. TFC provider agency clinical staff directly supervise and support the TFPs throughout the child's length of stay.

Services rendered to siblings who are placed in the same TFC home, and/or to the children of a minor parent placed in same TFC home for purposes of family unity, but who do not meet the medical necessity criteria for TFC, **are not** Medicaid reimbursable.

Levels of Care

TFC services may be offered in three levels of intensity depending upon the needs of the child. Specialized programming may also be provided appropriate to the needs of the child. This may include but is not limited to supervised independent living components.

Level I

Level I refers to the level of supervision and intensity of programming required to manage and treat children who **currently** present moderate emotional and/or behavioral management problems. Emotionally disturbed children receiving Level I typically display a moderate degree of "acting out" behavior, which may include aggressiveness

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RESIDENTIAL SERVICES

Levels of Care (Cont'd.)

toward inanimate objects, delinquent behavior such as truancy and running away, and/or drug or alcohol problems, along with other emotional or psychiatric problems that cannot be addressed in a less intensive treatment environment. The nature of the behavioral problems displayed prevents the child from living at home or in an unstructured foster care or group home setting.

Programming and interventions are tailored to the age and diagnosis of the child. A structured and supportive home environment is essential to the therapeutic process.

Level II

Level II refers to the level of supervision and intensity of programming required to manage and treat children who **currently** present moderate to more severe emotional and/or behavioral management problems than those children in Level I. Emotionally disturbed children receiving Level II typically display a high degree of impulsive and acting out behavior that is often characterized by verbal and physical aggression directed toward other persons. These behaviors, along with other more severe emotional or psychiatric problems, cannot be addressed in a less intensive treatment environment.

Programming and interventions are tailored to the age and diagnosis of the child. Level II is characterized by intense supervision of the child, greater structure within the therapeutic foster home, and increased clinical intervention from the TFPs and the provider agency staff. In addition, a licensed psychologist or psychiatrist must be involved in the child's care on an as-needed basis, but at a minimum every six months.

Level III

Level III refers to the level of supervision and intensity of programming required to manage and treat children who **currently** present severe emotional and behavioral management problems. Severely emotionally disturbed children receiving Level III services typically display multiple and severe psychiatric, emotional, and behavioral problems. They may have experienced recent and multiple psychiatric hospitalizations or other restrictive placements. These behaviors are often seen in combination with other behaviors typically associated with emotionally disturbed children. The range of behaviors and problems seen with

SECTION 2 POLICIES AND PROCEDURES**RESIDENTIAL SERVICES*****Levels of Care (Cont'd.)***

Level III children includes aggression toward animals, others, and/or self; sexual acting out; delinquent behavior; destruction of property; substance abuse; personality disorder; and/or suicidal behaviors or ideation.

Programming and interventions are tailored to the age and diagnosis of the child. Due to potential harm to self and/or others, these children require intense supervision from the TFPs. The frequency and intensity of contact between the TFPs, the child, and the professional staff provides a greater amount of structure, support, and clinical intervention than are offered at Levels I or II. In addition, a licensed psychologist or psychiatrist must be involved in the child's care on an as-needed basis, but at a minimum on a quarterly basis.

**Medical Necessity and
Prior Authorization**

The child will be assessed by the referring state agency to determine the needed level of care. Both the need for and the level of TFC services must be recommended by a physician or other Licensed Practitioner of the Healing Arts who will certify that the child meets the medical necessity criteria outlined in this section. In addition, the level of TFC that meets the child's needs must be pre-authorized by a designated referring agent through their predetermined assessment process.

Level I — the child must currently meet at least one of the following criteria.

Level II — the child must currently meet at least two of the following criteria.

Level III — the child must currently meet at least three of the following criteria:

1. The child is diagnosed as having severe behavioral and emotional problems that, without TFC, would require admission to a psychiatric hospital, to the psychiatric unit of a general hospital, or to a residential treatment facility.
2. The child is a patient in a psychiatric hospital, or in the psychiatric unit of a general hospital, or in a residential treatment facility and, in the opinion of the professional staff involved, the child's condition has improved to the point that treatment in a less restrictive setting would be appropriate.